

**Your Child(ren) May Be Eligible For KidsCare****Label Here**

The Department of Economic Security (DES) told you that they denied medical assistance for your child(ren). DES sent the information from your application to KidsCare. It looks like your child(ren) may be able to get KidsCare, Arizona's health insurance program for uninsured children. There may be a monthly premium, from \$10 to \$20 per month, for KidsCare. This premium covers all children in your household who get KidsCare coverage.

If you would like to get KidsCare for your child(ren), answer the four questions below, sign, and return this form within 10 days from the date you received it, in the postage paid envelope.

If we approve your child(ren) for KidsCare and you have a premium, your first premium will be due on the 15th of the first month of coverage. You will get a statement with more information.

If you have any questions, call 1 (877) 764-5437.

Please answer these questions.

1. <input type="checkbox"/> Yes <input type="checkbox"/> No		Are the same people living in your house as what you reported to DES on your application? If no, explain what changed.							
2. <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the income of everyone in your house the same as what you reported to DES on your application? If there has been a change, complete the following information. Please include copies of your pay stubs.							
Name of person working or getting income	Type of Income	Name and address of employer, agency, or person who provides income	Telephone number of employer, agency or person	How often paid? (weekly, biweekly, monthly, quarterly, yearly, etc.)	Gross amount (before deductions) each time	Hours worked per week	Hourly wage	Overtime hours worked per week	Overtime hourly wage
					\$ per period		\$ per hour		\$ per hour
					\$ per period		\$ per hour		\$ per hour
					\$ per period		\$ per hour		\$ per hour
					\$ per period		\$ per hour		\$ per hour
3. <input type="checkbox"/> Yes <input type="checkbox"/> No		Does anyone in the house have health insurance coverage? If yes, list the name of the person who is covered and the insurance company name and phone number.							

4. Enter a health plan that serves your county. Select a health plan from the attached list.

My health plan choice is:

I understand that if children in my household get KidsCare, I may have to pay a monthly premium. I swear under penalty of perjury that the statements made above are true and correct to the best of my knowledge.			
Signature responsible adult	Print your name (Last, First, MI)	Phone Number	Date

To get covered medical services you need to choose either a Health Plan that serves your county or Indian Health Services (IHS). All AHCCCS Health Plans provide:

**Doctor's Visits
Specialist Care
Transportation to Doctor
Hospital Services
Emergency Care
Pregnancy Care**

**Immunizations
Physical Exams
Behavioral Health
Family Planning
Lab and X-rays
Prescriptions**

**Glasses
Vision Exams
Dental Screening
Dental Treatment
Hearing Exams
Hearing Aids**

Before choosing, check with your doctor, pharmacy or hospital to see if they work with the plan that you want. If you are Native American and can receive services from IHS, you may select IHS as your AHCCCS Health Plan. If you have a question about a health plan that serves your county, call the number listed below for the health plan.

APACHE COUNTY

Arizona Physicians, IPA.....1-800-348-4058
Family Health Plan of N.E. AZ 1-800-448-3585
Indian Health Service.....928-338-4911

COCHISE COUNTY

Arizona Physicians, IPA.....1-800-348-4058
Mercy Care Plan.....1-800-624-3879
Indian Health Service.....520-295-2497

COCONINO COUNTY

Arizona Physicians, IPA.....1-800-348-4058
Mercy Care Plan.....1-800-624-3879
Indian Health Service.....928-769-2204

GILA COUNTY

Community Connection1-800-747-7997
Mercy Care Plan.....1-800-624-3879
Indian Health Service.....928-475-2371

GRAHAM COUNTY

Arizona Physicians, IPA.....1-800-348-4058
Mercy Care Plan.....1-800-624-3879
Indian Health Service.....928-475-2371

GREENLEE COUNTY

Arizona Physicians, IPA.....1-800-348-4058
Mercy Care Plan.....1-800-624-3879
Indian Health Service.....928-475-2371

LA PAZ COUNTY

Arizona Physicians, IPA.....1-800-348-4058
Family Health Plan of N.E. AZ 1-800-448-3585
Indian Health Service.....928-669-2137

MARICOPA COUNTY

Phoenix Health Plan1-800-747-7997
CIGNA Community Choice1-800-832-3211
Health Choice Arizona1-800-322-8670
Arizona Physicians, IPA.....1-800-348-4058
Mercy Care Plan.....1-800-624-3879
Maricopa Health Plan1-800-582-8686
Indian Health Service.....602-263-1200

MOHAVE COUNTY

Arizona Physicians, IPA..... 1-800-348-4058
Family Health Plan of N.E. AZ 1-800-448-3585
Indian Health Service..... 928-769-2204

NAVAJO COUNTY

Arizona Physicians, IPA.....1-800-348-4058
Family Health Plan of N.E. AZ 1-800-448-3585
Indian Health Service..... 928-338-4911

PIMA COUNTY

Arizona Physicians, IPA.....1-800-348-4058
University Family Care.....1-888-708-2930
Health Choice Arizona1-800-322-8670
Mercy Care Plan1-800-624-3879
Pima Health System1-800-423-3801
Indian Health Service..... 520-295-2497

PINAL COUNTY

Community Connection.....1-800-747-7997
Mercy Care Plan1-800-624-3879
Indian Health Service..... 520-295-2497

If your zip code is 85220 or 85242 you must choose from among the health plans listed under Maricopa County.

SANTA CRUZ COUNTY

Arizona Physicians, IPA.....1-800-348-4058
Mercy Care Plan1-800-624-3879
Indian Health Service..... 520-295-2497

YAVAPAI COUNTY

Arizona Physicians, IPA.....1-800-348-4058
Mercy Care Plan1-800-624-3879
Indian Health Service.....1-602-263-1569

If your zip code is 85342, 85358 or 85390 you must choose from among the health plans listed under Maricopa County.

YUMA COUNTY

Arizona Physicians, IPA.....1-800-348-4058
Mercy Care Plan1-800-624-3879
Indian Health Service.....1-760-572-0217

PARA ESPAÑOL VEA LA PARTE DE ATRÁS